

**DECLARATION AND
POWER OF ATTORNEY
FOR PATENT APPLICATION**

Attorney Docket Number 4002-3305/PC902.00

First Named Inventor Roy Lim

COMPLETE IF KNOWN

Application No.

<input checked="" type="checkbox"/> Declaration submitted with Initial Filing	<input type="checkbox"/> Declaration submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Filing Date	
		Group Art Unit	
		Examiner's Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INSTRUMENTS AND METHODS FOR MINIMALLY INVASIVE SPINAL STABILIZATION

(Title of Invention)

The specification of which

is attached hereto
OR

was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT

International Application Number _____ and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code; §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

US Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 30565
OR

Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Douglas A. Collier	43,556		
<input checked="" type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 30565 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below			
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Address	111 Monument Circle		
Address	Suite 3700		
City	Indianapolis	State	IN
Country	US	Telephone	(317) 634-3456
			Fax (317) 637-7525

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle [if any])	Roy	Family Name or Surname	Lim	
Inventor's Signature				Date 01-29-04
Residence: City	State	Country	Citizenship	
Memphis	Tennessee	USA	Australia	
Mailing Address				
5258 Welchshire Ave.				
City	State	ZIP	Country	
Memphis	Tennessee	38117	USA	

NAME OF JOINT INVENTOR (IF ANY):

Given Name (first and middle [if any])	Kevin T.	Family Name or Surname	Foley
Inventor's Signature			Date

Residence: City	State	Country	Citizenship
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Germantown	Tennessee	USA	US
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Mailing Address

2877 Keasler Circle West

City	State	ZIP	Country
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Germantown	Tennessee	38139	USA
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NAME OF JOINT INVENTOR (IF ANY):

Given Name (first and middle [if any])		Family Name or Surname	
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DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	Noreen C. Johnson	38,929
Joseph A. Naughton, Jr.	19,814	David A. Warmbold	30,897
John V. Moriarty	26,207	Paul A. Revis	45,040
John C. McNett	25,533	John F. Thompson	43,953
Thomas Q. Henry	28,309	Trevor D. Arnold	51,416
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Charles P. Schmal	45,082		
Edward E. Sowers	36,015		
John L. Roberts	50,453		
John J. Emanuele	51,653		
Denise M. Gosnell	51,748		
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Michael S. Wherry	53,764		
Michael C. Bartol	44,025		
Gary M. Gron	24,293		
Elizabeth A. Shuster	52,672		

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Address	Suite 3700		
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Memphis	Tennessee	38117	USA

NAME OF JOINT INVENTOR (IF ANY):			
Given Name (first and middle [if any])	K vin T.	Family Name or Surname	Foley
Inventor's Signature			Date <u>1/27/09</u>
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